

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11/20/07		06-12-8-01
O.I.P.E. CLASSIFIER	[Signature]	32	7/10
FORMALITY REVIEW	K.S.	116	08/17/0
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	02/03/03
2	✓	✓	
3	✓	✓	
4	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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